
Section 5: **Contact Management**

Policy number: **5.2**

**Subject: Managing Contacts who
Refuse Follow Up Assessment**

Issued: **June 2007**

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1. POLICY

- 1.1 Detailed guidance on contact tracing should be obtained from the Canadian Tuberculosis Standards.
- 1.2 Contacts of active respiratory tuberculosis (TB) can refuse contact follow-up. However, this does not apply if the contact has symptoms suggestive of active TB or the contact is a child and the parent/guardian refuses follow up. In these circumstances, it may be necessary to obtain an order from the local public health unit (PHU) Medical Officer of Health (MOH) under the Health Protection and Promotion Act for Non-Compliant Infectious Tuberculosis Cases. Refer to Policy 7.1: Orders Under the HPPA for Non-Compliant, Infectious TB Cases.

2. PROCEDURE

- 2.1 Should a contact of a TB case refuse follow-up:
 - 2.1.1 Encourage medical follow up by home visit.
 - 2.1.2 If cultural and language barriers exist, involve community representatives for assistance.
 - 2.1.3 Notify contacts in writing that further follow-up is their responsibility, and provide information on signs and symptoms of active TB.
 - 2.1.4 Document on the contact tracing list that contact refused further testing. In the contact's health record, document this information along with the education provided.
 - 2.1.5 Notify the Communicable Disease (CD) nurse who will consult with the Regional Medical Officer (FNIHB-OR) to determine if further actions are warranted.
 - 2.1.6 If the contact is a child or if a contact of any age has symptoms suggestive of active TB, immediately inform the CD nurse, who will consult the Regional Medical Officer.

3. REFERENCES

- 3.1 PHAC. (2014). Canadian Tuberculosis Standards, 7th Edition, chapter 12. Retrieved from: http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th-edition_English.pdf